

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1997 - JUNE 30, 1998**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Marshal

Division/Unit: _____

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	30	x \$	13.74	\$	1,099.20
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Types of work performed by GENERAL VOLUNTEERS in this category: _____

Data entry

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PICRITC, GAIN, etc.)

No. Vol.	3	Hours	640	x \$	13.74	\$	8,793.60
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: _____

Typing, filing, mailings, data entry

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	x	VCL	Dollar Benefit
_____	_____	x	_____	\$
_____	_____	x	_____	\$
_____	_____	x	_____	\$
_____	_____	x	_____	\$
_____	_____	x	_____	\$
No. Vol.	Total Hours	x	Total Value \$	_____

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

i. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a: 1	80	\$ 1,099.20
2b: 3	640	\$ 8,793.60
2c: 6	0	\$ 0.00
TOTALS:	4	\$ 9,892.80

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
TOTAL VALUE \$ 0			

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers).

Hours	32	x Rate	19.04	\$ 609.28

- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.)

Hours	6	\$ Rate	40.00		
				\$	240.00

c Other program costs (volunteer training materials supplies, recognition costs, etc.)

Item	Cost
TOTAL OF OTHER PROGRAM COSTS	\$ 0

d TOTAL OF VOLUNTEER PROGRAM COSTS (add a, b, and c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 9,892.80

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

ADD a + b \$ 9,892.80

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 849.28)

TOTAL PROGRAM BENEFIT \$ 9,043.52

6. RECRUITING:

Please describe your recruiting programs: We solicit volunteers from the GAIN Program.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Our goal is to increase our total volunteer hours in F.Y. 98-99 to 1,000 (from 720).

We will continue to work with the GAIN Program, offering general clerical and data entry skills to program participants.

9. GENERAL INFORMATION:

Name of Person Completing Report: Judy Baker

Phone Number: 531-4162 Mail Stop C204 E-Mail: JBakerma

Volunteer Coordinator: Cathy Walk

Phone Number: 531-4150 Mail Stop C205 E-Mail: CWalksm

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

8-10-98
DATE